

**Supplemental APPLICATION DATA SHEET****Application Information**

Application number:: 10/621,262

Filing Date:: July 15, 2003

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?:

Computer Readable Form (CRF)?:: No

Number of copies of CRF::

Title :: METHOD OF FABRICATING A  
FERROELECTRIC STACKED MEMORY CELL

Attorney Docket Number:: 854063.523C1

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure::

Total Drawing Sheets:: 5

Small Entity?: No

Petition included?: No

Petition Type::

Licensed U.S. Gov't Agency::

Contract or Grant No::

Secrecy Order in Parent Appl.?: No

**First Applicant Information**

~~Applicant Authority Type::~~ Inventor  
~~Primary Citizenship Country::~~ Italy  
~~Status::~~ Full Capacity  
~~Given Name::~~ Chiara  
~~Middle Name::~~  
~~Family Name::~~ Corvasce  
~~Name Suffix::~~  
~~City of Residence::~~ Catania  
~~State or Province of Residence::~~  
~~Country of Residence::~~ Italy  
~~Street of mailing address::~~ Via Pacini, 10  
~~City of mailing address::~~ Catania  
~~State or Province of mailing address::~~  
~~Country of mailing address::~~ Italy  
~~Postal or Zip Code of mailing address::~~ I-95125

**First Applicant Information**

~~Applicant Authority Type::~~ Inventor  
~~Primary Citizenship Country::~~ Italy  
~~Status::~~ Full Capacity  
~~Given Name::~~ Nicolas  
~~Middle Name::~~  
~~Family Name::~~ Demange  
~~Name Suffix::~~  
~~City of Residence::~~ Lessy  
~~State or Province of Residence::~~  
~~Country of Residence::~~ France  
~~Street of mailing address::~~ 23, Rue de Chatel S. Germain

City of mailing address:: Lessy

State or Province of mailing address::

Country of mailing address:: France

Postal or Zip Code of mailing address:: 57160

## **Second Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Italy

Status:: Full Capacity

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Middle Name::

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City of Residence:: Viagrande

State or Province of Residence::

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**Correspondence Information**Correspondence Customer Number :: **0050038106****Representative Information**

Representative Customer Number::	<i>No more than 9 digits</i>	<b><u>0050038106</u></b>
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**Domestic Priority Information**

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Continuation-in-part of	09/911,637 <i>no more than 20 characters</i>	07/23/01 <i>8 characters, MM / DD / YY</i>
09/911,637	Division of	09/365,187	08/02/99

**Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::
Italy	TO99A 000356	04/30/99	Yes

**Assignee #1 Information**

Assignee name::	STMicroelectronics S.r.l.
Street of mailing address::	Via C. Olivetti, 2
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Country of mailing address::	Italy
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**Assignee #2 Information**

<u>Assignee name::</u>	<u>STMicroelectronics S.A.</u>
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